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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number 6,125,447 / 90/011,491 Filing Date Issue Date: September 26, 2000 First Named Inventor Li GONG Title PROTECTION DOMAINS TO PROVIDE SECURITY IN A COMPUTER SYSTEM Art Unit Not Yet Assigned Examiner Name Not Yet Assigned Attorney Docket No. 154892800300									
<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p> <p><input type="checkbox"/> A Power of Attorney is submitted herewith. OR</p> <p><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: 25226</p> <p><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 25%;">Practitioner(s) Name</th> <th style="width: 25%;">Registration Number</th> <th style="width: 25%;">Practitioner(s) Name</th> <th style="width: 25%;">Registration Number</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td style="height: 40px;"></td> <td></td> </tr> </table>				Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number				
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<p>Please recognize or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR</p> <p><input type="checkbox"/> The address associated with Customer Number: _____</p> <p><input type="checkbox"/> Firm or Individual Name _____</p>											
Address	_____										
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<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor. OR</p> <p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____</i></p>											
SIGNATURE of Applicant or Assignee of Record											
Signature			Date								
Name	George P. Simion		Date 03/11/11								
Title and Company	Telephone 650-506-9997										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>											